RECORD OF INDIVIDUAL INACTIVE DUTY TRAINING

(Use to report days within the same month)

PRIVACY ACT STATEMENT

| PRINCIPAL PURPOSES: To record Reserve Member's inactive duty training for payment, and/or points for years of service credit, and | | | | | | | | | | |
|---|--|-------------------------------------|-----------------------------------|-----------------------------------|-------------|---------------|--|-----------------------------|---------------------------|--|
| determining fulfillment of requirements for retention in Ready Reserve. | | | | | | | | | | |
| ROUTINE USES: Information may be disclosed to individuals' employers to verify military duty. | | | | | | | | | | |
| DISCLOSURE IS VOLUNTARY: Failure to provide the information, including the SSN, could result in the improper recording of training | | | | | | | | | | |
| and retirement credits, thus adversely affecting retirement actions. | | | | | | | | | | |
| I. | PERSONAL/P | AY DA | ATA (Type or | print clearly in in | ık) | | | | | |
| RA | NK | NAME (Last, First, MI) | | | | | HOME MAIL | ING ADDRESS | CHECK IF NEW | |
| C C I | N.I. | DDO (IMAAc) LINIT (Unit Pocontists) | | | | | - | | | |
| SSI | IN | | RPO (IMAs) UNIT (Unit Reservists) | | | | | | | |
| PAY STATUS (MUST use separate form for pay and non-pay. Non-pay IDTs - | | | | | | | INCENTIVE/SPECIALTY PAY | | | |
| sub | | /DPK applies to IMAs Only.) | | | | | Aviation Career Incentive Pay (ACIP) | | | |
| | PAY NON-PAY | | | | | | Hazardous Duty Incentive Pay (HDIP) (Provide authorizing documents) Other (Specify) | | | |
| | NON-FAT | | | | TYPE | OF TRAINING | - | | | |
| | TRAINING PERI | IOD | EQUIVALENT TRAINING | | | | Other (Specify) | | | |
| II. | II. TRAINING DATA (List each day of training separately) | | | | | | RETENTION/RETIREMENT (R/R) DATE | | | |
| DATE | | DUTY HOURS | | HOURS NUMBER C | | F | TRAINING LOCATION/REMARKS | | | |
| YYYYMMDD | | WORKED (Inclusive) | | WORKED | POINTS | | TRAINING LOCATION/REWARKS | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | TOTA | L NUMBER OF H | HOURS WORKED | | | ТО | TAL NUMBER OF POINTS | | |
| III. AUTHORIZATION FOR TRAINING, TELECOMMUTING, TRANSIENT QUARTERS AND SUBSISTENCE (Required for lodging only and shall not exceed the number of training days. Complete and return to reservist prior to the reservist reporting for scheduled training.) | | | | | | | | | | |
| | See AFI 34-246, Air Force Lodging Program, and AFI 34-401, Food Service Management. Reservists on Inactive Duty Training (IDT) are | | | | | | | | | |
| | authorized to occupy VOQ/VAQ, including contract quarters, in conjunction with the date(s) shown above. On an IDT day, only enlisted | | | | | | | | | |
| reservists in pay status are authorized subsistence-in-kind if training is 8 hours or more in any 1 day. If the duty is less than 8 hours or is non-pay status, or if the reservist is an officer, the reservist MUST pay the full food charge. The Authorizing Official is the commander | | | | | | | | | | |
| | | | | tive designated IN | | osi pay tile | Tuli 1000 Ci | marge. The Authorizing C | ornicial is the commander | |
| AUTHORIZING OFFICIAL'S SIGNATURE AND TITLE | | | | | | | GING | DATE (Must be same or prior | r to SUBSISTENCE | |
| | | | | | | AUTH | ORIZED | first date of training) | AUTHORIZED | |
| IV. CERTIFICATION (Certifying official is the military member or civilian who supervised the training and has knowledge it was | | | | | | | | | | |
| | rformed.) | ilola (| Certifying on | iciai is the mintai | y member or | CIVIIIAII VVI | o supervise | u the trailling and has Ki | lowledge It was | |
| The penalty for willfully making false claims is: A maximum fine of \$10,000 or maximum imprisonment of 5 years (18 U.S.C., Section | | | | | | | | | | |
| | 2871). By signing and dating this form, the Reservist and Certifying Official (training supervisor who has knowledge training was | | | | | | | | | |
| performed) verify satisfactory completion of all training period(s) listed in Section II. The dates must be on or after the last date of RESERVIST'S NAME & PHONE NO. (Type or Print legibly in Ink) RESERVIST'S SIGNATURE (In Ink) DATE | | | | | | | | | | |
| KES | SEKVIST S NAM | E & PHC | ONE NO. (Type o | ir Print legibiy in ink) | | KLJLKVIJI J | SIGNATURE (I | III IIIK) | DATE | |
| | | | | | | | | | | |
| CEF | rtifying offici | AL'S NA | AME/GRADE/PHO | ONE(Type or Print legibly in Ink) | | OFFICIAL'S SI | CIAL'S SIGNATURE (In Ink) DATE | | | |
| | | | | | | | | | | |
| ٧. | V. DISTRIBUTION | | | | | | | | | |

The Certifying Official will send copy 1 to member's Reserve Pay Office (RPO) for Paid IDTs, HQ ARPC/DPK (IMAs and IRRs only) 6760 E Irvington PI, Denver CO 80280, for Non-Paid IDTs not later than 2 days for unit members and 30 days for IMAs and IRRs after the member completes the training. One copy each to supervisor, member, and lodging.